

Petersen Health Care Employee Satisfaction Survey

Facility: \_\_\_\_\_

| How much do you agree or disagree with each of these statements?   | NEITHER AGREE         |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | STRONGLY<br>AGREE     | AGREE                 | NOR<br>DISAGREE       | DISAGREE              | STRONGLY<br>DISAGREE  |
| 1. Overall, I am satisfied with my job   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Our leaders demonstrate the behaviors and values that they expect of us.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I would recommend this organization to others who are looking for work.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel valued by my employer.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have benefited from in-services and on the job training or education provided                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I have the opportunities to use all of my own skills and knowledge.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I receive specific information about things I do well at work.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I receive specific information about things I could improve at work.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I have equipment and supplies to do my work well.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Staff in my department communicates well with the residents.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. My supervisor communicates clear, consistent expectations.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I am treated with respect and dignity.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I feel free to give my supervisor feedback about the direction of the department and the organization.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. My supervisor shares important information with me that I need to do my job.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. The staff in my department works well together.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Staff takes pride in his or her work.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Different departments communicate well with each other.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Staff in my department communicates well with each other.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. My supervisor is a role model for me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Managers in my department communicate well with staff.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. My employer provides regular training to reduce health and safety hazards in the workplace.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. My employer provides necessary equipment and resources to reduce health and safety hazards in the workplace. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I feel that my employer makes workplace safety a high priority.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   |  |
|---|--|
| 24. Please indicate which department you work in: |  |
| <input type="radio"/> Activities                  | <input type="radio"/> Business Office    |
| <input type="radio"/> Administration              | <input type="radio"/> Nursing (Licensed) |
| <input type="radio"/> Dining Services             | <input type="radio"/> Nursing Assistant  |
| <input type="radio"/> Environmental Se            | <input type="radio"/> Therapy Services   |
| <input type="radio"/> Social Services             |  |
| <input type="radio"/> Other                       |  |

|   |                                 |
|---|---------------------------------|
| 25. How long have you worked here?          | 26. I work:                     |
| <input type="radio"/> Less than 6 months    | <input type="radio"/> Full Time |
| <input type="radio"/> 6 months up to 1 year | <input type="radio"/> Part Time |
| <input type="radio"/> 1 - 2 years           |                                 |
| <input type="radio"/> 3 - 4 years           |                                 |
| <input type="radio"/> Over 4 years          |                                 |

27. What do we do best at this facility?

28. What can we do to improve this facility?